

FILED DEC 1 1948
Registration District No. 1948/7

Primary Registration District No. 3016

State File No. _____
Registrar's No. 259

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Penitentiary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 348 days
In this community 32 yrs; 2 Mo; 14 days. (Specify whether years, months or days)

3. (a) PRINT FULL NAME N.B. Pardue

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced — 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 25, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 9 25 hr. _____ min. _____

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Missouri State Penitentiary Hosp. records.

(b) Address Jefferson City, Mo

17. (a) Removal (b) Date thereof 11-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Thurksville, Mo

18. (a) Signature of funeral director Thorne Gordon

(b) Address Thorne Gordon, Jeff. City.

19. (a) 11-22-48 (b) R. P. Davis MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th
year 1948 hour 11:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from October 15, 1947 to Nov. 20th. 1948
that I last saw him alive on November 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular and disease

Due to arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 316

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. V. M. Smith (M. D. or other)

Address Jefferson City, Mo Date signed 11-22-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 30 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed G. M. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.